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By: Angela K.

Attorney Docket No.: 14538A-004010US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Jonathan A. Cooper *et al.*

Application No.: 09/486,293

Filed: February 22, 2000

For: ISOLATION AND EXPRESSION OF A DISABLED PROTEIN GENE MdaB1 AND METHODS

Examiner: M. Monshipouri

Art Unit: 1652

COMMUNICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants respectfully request that the attached Application Data Sheet
be made of record in this application.

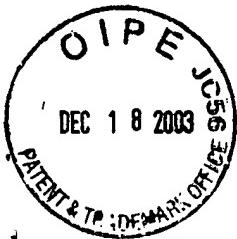
Although no fee is believed to be due, the Commissioner is hereby authorized to charge any fees necessitated by this transmittal to Townsend and Townsend and Crew LLP Deposit Account No. 20-1430.

Respectfully submitted,

Dated: 15 December 2003

By: Brian W. Poor
Brian W. Poor
Reg. No. 32,928

TOWNSEND and TOWNSEND and CREW LLP
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Application Data Sheet

Application Information

Application number:: 09/486,293
Filing Date:: 02/22/00
Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: 1652
Sequence Submission:: Yes
Computer Readable Form (CRF):: Yes
Number of copies of CRF:: 21
Title:: ISOLATION AND EXPRESSION OF A DISABLED PROTEIN GENE MdaB1 AND METHODS
Attorney Docket Number:: 14538A-004010US
Request for Early Publication:: No
Request for Non-Publication:: No
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jonathan
Middle Name:: A.
Family Name:: Cooper
City of Residence:: Seattle
State or Province of Residence:: WA
Country of Residence:: US

Street of Mailing Address:: 643 Randolph Place
City of Mailing Address:: Seattle
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98112

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Brian
Middle Name:: W.
Family Name:: Howell
City of Residence:: Rockville
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 12407 Village Sq. Terr. #401
City of Mailing Address:: Rockville
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20852

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Provisional	60/056,473	August 21, 1997

Assignee Information

Assignee Name:: Fred Hutchinson Cancer Research Center
Street of mailing address:: Office of Technology Transfer
1100 Fairview Avenue N., M/S: C2M
P.O. Box 19024
City of mailing address:: Seattle
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98109-1024



TRANSMITTAL FORM		Application Number	09/486,293
(to be used for all correspondence after initial filing)		Filing Date	February 22, 2000
		First Named Inventor	Jonathan A. Cooper et al.
		Art Unit	1652
		Examiner Name	M. Monshipouri
Total Number of Pages in This Submission	5	Attorney Docket Number	14538A-004010US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard, Communication, and Application Data Sheet.
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Townsend and Townsend and Crew LLP Brian W. Poor	
Signature		
Date	15 December 2003	

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Angelie Rivera		
Signature		Date	December 15, 2003